PATENT APPLICATION SERIAL NO. __10/594048__

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

10/02/2006 GFREY1   00000123 10594048

01 FC:1631   300.00 OP
02 FC:1633   200.00 OP
03 FC:1632   -500.00 OP
04 FC:1615   300.00 OP

Repln. Ref: 05/16/2007 JANDERSO 00009485600
DAH:231925   Name/Number:10594048
FC: 9204 $100.00 CR

05/16/2007 JANDERSO 00000002 10594048

01 FC:1642   400.00 OP

03 FC:1632   -500.00 OP

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/594048

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = $ 150	LARGE ENT. = $ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100	All other situations = $ 100 / $ 200
SEARCH FEE	U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400	ALL other situations = $ 250 / $ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	26 minus 20 =	* 6
INDEPENDENT CLAIMS	2 minus 3 =	* —
MULTIPLE DEPENDENT CLAIM PRESENT	—	☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ **OR** **OTHER THAN SMALL ENTITY**

	RATE	FEE		RATE	FEE
BASIC FEE			OR BASIC FEE		300
EXAM. FEE			EXAM. FEE		200
SEARCH FEE			SEARCH FEE		400
	X $ 125 =			X $ 250 =	
	X $ 25 =		OR	X $ 50 =	300
	X $ 100 =		OR	X $ 200 =	
	+ $ 180 =		OR	+ $ 360 =	
TOTAL			OR TOTAL		1200

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)

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